US Health Care Delivery System Evolution

Health Delivery System Transformation Critical Path

Acute Care System 1.0



- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

Coordinated Seamless Healthcare System 2.0



- Patient/Person Centered
- Transparent Cost and Quality Performance Healthy Population Centered
- **Accountable Provider Networks Designed** Around the patient
- **Shared Financial Risk**
- HIT integrated
 - Focus on care management and preventive care

Community Integrated Healthcare System 3.0



Population Health Focused Strategies

Integrated networks linked to community resources capable of addressing psycho social/economic needs Population based reimbursement Learning Organization: capable of rapid deployment of best practices

Community Health Integrated E-health and telehealth capable

Neal Halfon, UCLA Center for Healthier Children, Families & Communities

Innovation Driven US Health Care System Evolution

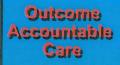
Health System Transformation and Evolution Critical Path

Uncoordinated Health
Care System 1.0

Episodic
Non Integrated
Care

- Episodic Health Care
 - Sick care focus
 - Uncoordinated care
 - High Use of Emergency Care
 - Multiple clinical records
 - Fragmentation of care
- Lack integrated care networks
- Lack of integration between acute and long-term care settings
- Lack quality & cost performance transparency
- Poorly Coordinated Chronic Care Management

Coordinated Seamless
Health Care System 2.0



- Patient/Person Centered
- Transparent Cost and Quality Performance
 - Results oriented
 - Assures Access to Care
 - Improves Patient Experience
- Accountable provider networks designed around the patient including LTC needs
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care
 - Primary Care Medical Homes
 - Care management/ prevention focused
 - Shared Decision Making and Patient Self Management

Neal Halfon, UCLA Center for Healthier Children, Families & Communities

Community Integrated Health Care System 3.0



Community Integrated Healthcare

- Patient, Population, and Community Centered
 - Community Health Resource Linked
 - Cost , Quality, and Population Health Outcome Transparency
 - Community Healthy Living Choices
- Community Health Integrated networks capable of addressing psycho social/economic and LTC needs
- Right care, at the right time in the right setting
- Population based reimbursement
- Learning Organization: capable of
- rapid deployment of best practices
- Community Health Integrated
 - Community Healthy Living Oriented
 - Community Health Capacity Builder
 - Community based support developer
 - Shared community health responsibility
- E-health and telehealth capable
 - Wide use of remote monitoring and telehealth and e-health management
 - Health E-Learning resources, social networking, health literacy tools